

75968

CASE NUMBER AP-75,968
TRIAL COURT NUMBER F-07-50318-M

BINDER 8 OF 11 BINDERS

VOLUME 56
STATE'S EXHIBITS 1 THROUGH 66

STATE OF TEXAS

VS

WESLEY LYNN RUIZ

FILED IN
COURT OF CRIMINAL APPEALS

JUN 15 2009

Louise Pearson, Clerk

CAUSE NO. F07-50318-M

THE STATE OF TEXAS * IN THE DISTRICT COURT
vs. * 194TH JUDICIAL DISTRICT
WESLEY LYNN RUIZ * DALLAS COUNTY, TEXAS

REPORTER'S RECORD

EXHIBIT INDEX

Volume 56 of 59 Volume(s)

BE IT REMEMBERED THAT on this the 27th day of May,
A.D, 2008, the above-styled and -numbered cause(s) came
on for hearing before the HONORABLE ERNEST B. WHITE, III
of the 194th Judicial District Court of Dallas County,
State of Texas, the following is a true and correct
transcription of the proceedings had, to-wit:
(Proceedings Reported by Computerized Machine Shorthand)

Belinda G. Baraka, Official Court Reporter
214-653-5803

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State Bar No. 08898800

HON. MARSHALL MCCALLUM
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Attorney at Law
State Bar No. 15520000

FOR THE DEFENDANT

* * * * *

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Belinda G. Baraka, Official Court Reporter
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STATE'S EXHIBIT NO. 1
BULLETIN

Belinda G. Baraka, Official Court Reporter
214-653-5803



Metro
Operations
Support and
Analytical
Intelligence
Center

Dallas Police Department
Crime Information Bulletin
FUSION CENTER (M.O.S.A.I.C.)
Bulletin #2007
MARCH 21, 2007

****WANTED ****
INFORMATION
CAPITAL MURDER
****SPECIAL ATTENTION CBD AND NW****

On 3/21/07 at approximately 2:53 A.M., an unknown suspect entered the residence at 1542 Southerland (Beat 332) and shot the complainant. At this time the only suspect information is 2 B/M's

Suspect vehicle is being described as:
96 Chevy Caprice 4DR. Unknown LP
Red over Gray in Color
22" Chrome Wheels
Dark Tinted Windows

Vehicle is known to hang around these club locations:

Club One
3025 Main

Nairobi
2656 Main

Rhythm City
2051 W. Northwest

If officers locate a vehicle matching this description, and/or develop intelligence related to there whereabouts of suspects and/ or vehicle

Contact
Detective E. Ibarra
CAPERS/ Homicide
214-283-4826

SUSPECTS SHOULD BE CONSIDERED ARMED AND DANGEROUS

THIS BULLETIN IS NOT PROBABLE CAUSE FOR ARREST
THIS BULLETIN IS FOR OFFICER INFORMATION ONLY

Source: DETECTIVE E. IBARRA
CAPERS/ Homicide
Prepared by: Michael Freeman
Criminal Intelligence Analyst/ FUSION CENTER
214-671-3056



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STATE'S EXHIBIT NO. 4

DIAGRAM

(NONREPRODUCIBLE)

STATE'S 5

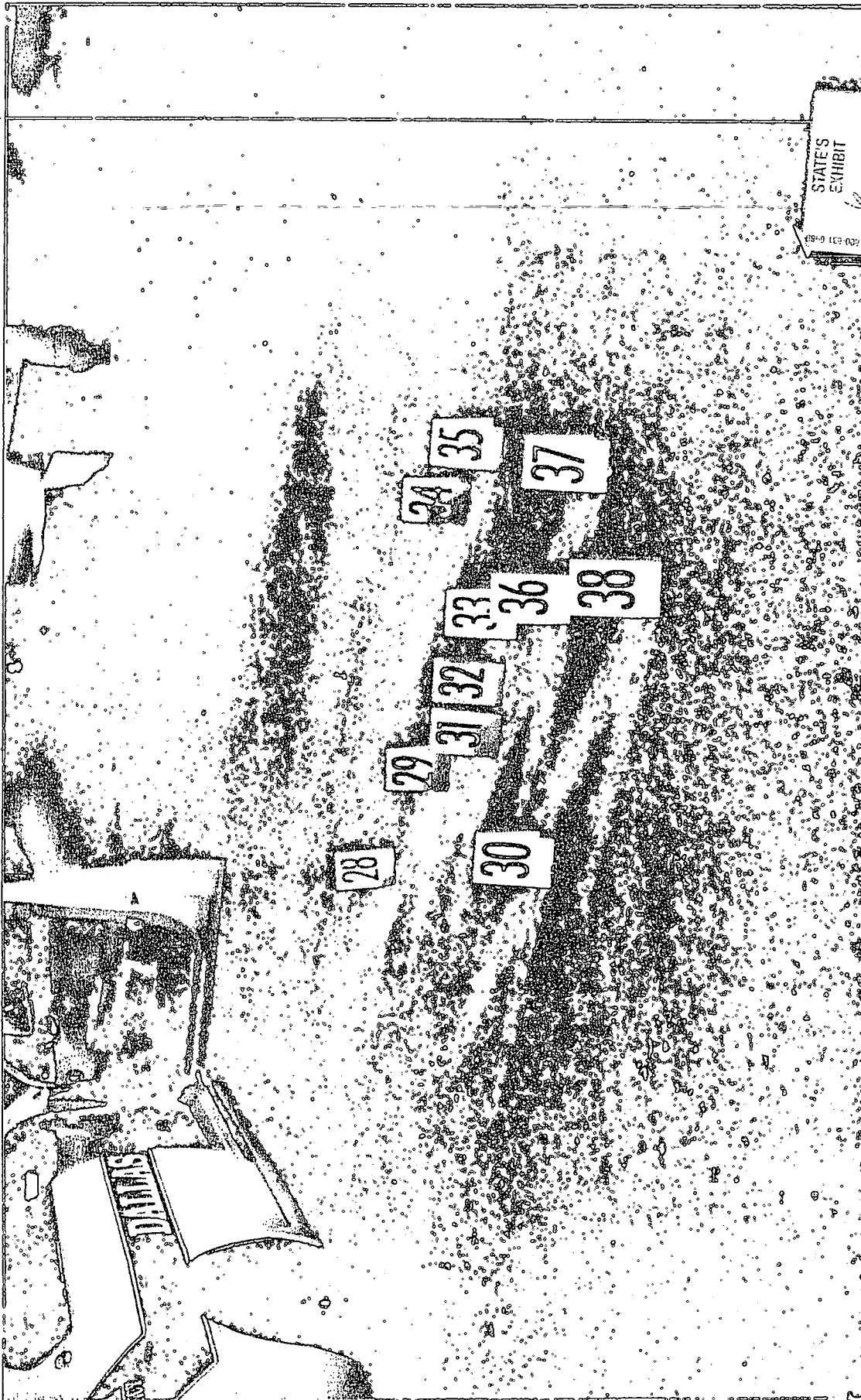
STATE'S EXHIBIT NO. 5
PHOTOGRAPH



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STATE'S EXHIBIT NO. 6
PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803



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STATE'S EXHIBIT NO. 7
PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803

ENGAD 800-631-6989

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STATE'S EXHIBIT NO. 8
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STATE'S EXHIBIT NO. 9
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STATE'S EXHIBIT NO. 10

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STATE'S EXHIBIT NO. 11

PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803



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STATE'S EXHIBIT NO. 12

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PHOTOGRAPH

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Belinda G. Baraka, Official Court Reporter
214-653-5803



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STATE'S EXHIBIT NO. 13

PHOTOGRAPH

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214-653-5803

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EXHIBIT

STATE'S
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STATE'S EXHIBIT NO. 14
AUDIO CD

Belinda G. Baraka, Official Court Reporter
214-653-5803

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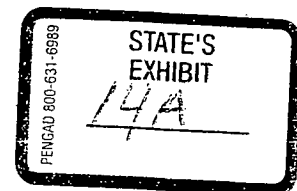
Belinda G. Baraka, Official Court Reporter
214-653-5803

CAUSE NO. F07-50318

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TAPE TRANSCRIPTION

ORIGINAL



SHELLY CROSSLAND, CSR
KX & ASSOCIATES (214) 520-6868

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SHELLY CROSSLAND, CSR

KX & ASSOCIATES (214) 520-6868

1 (Tape 1, Side A.)

2 POLICE UNIT: Yeah, we are southbound 35,
3 uh, just about to exit, Mockingbird, I believe.

4 We're following a gray Caprice with a red
5 top on 22's. This was -- uh, it looks like it might
6 possibly be a suspect vehicle in a homicide down on
7 channel 3.

8 If you've got somebody can stop this thing,
9 maybe we can ID some of the people.

10 DISPATCHER: We need cover at southbound 35
11 at Mockingbird.

12 POLICE UNIT: 42. I'm on Mockingbird. I
13 can head towards 35. Are they exiting or are they going
14 south?

15 DISPATCHER: 42's in the area. Are y'all
16 exiting or still going south?

17 POLICE UNIT: Yeah. We exited the
18 Mockingbird exit. Looks like we might head into West
19 Dallas.

20 POLICE UNIT: 42. Be advised I'm going
21 eastbound, and I'm going to try to catch up to you.

22 (unintelligible) Pat, by the radio?

23 POLICE UNIT: (Unintelligible) I'm at
24 Empire Central.

25 POLICE UNIT: Hey, Pat, it's, uh, Haker

1 (phonetic). Hey, we're at Canada and Westmoreland, so
2 let us know if y'all cross over.

3 POLICE UNIT: Uh, yeah, we're getting on
4 Mockingbird like we're gonna come across the bridge.

5 POLICE UNIT: Uh, we're sitting across the
6 bridge; just let us know.

7 POLICE UNIT: Ten-four.

8 50 to 41, we're now going westbound on
9 Mockingbird.

10 POLICE UNIT: (Unintelligible)

11 DISPATCHER: Okay.

12 POLICE UNIT: All right, Pat. We're on the
13 other side, coming up on Irving. If you just wanna wait
14 at Irving -- traffic's really piled up on -- on our way
15 towards Irving. Once we get to Irving, we'll let you
16 jump in and then we can stop 'em.

17 POLICE UNIT: All right. Ten-four.

18 POLICE UNIT: All right. Todd, we're still
19 really caught in traffic, but we're coming.

20 POLICE UNIT: Uh, that's no problem.
21 We're, um, gonna be on the other side of Irving.

22 (Unintelligible) was gonna go into West Dallas. We're
23 ready to pull out whenever.

24 POLICE UNIT: All right. We're on the far
25 outer right lane.

1 POLICE UNIT: What are you driving, Pat?

2 POLICE UNIT: We're in a black Chevy
3 extended-cab pickup with chrome wheels.

4 The car does have a squad--

5 POLICE UNIT: 534, we'll (inaudible)

6 DISPATCHER: Okay.

7 POLICE UNIT: All right, Todd. We're
8 coming up on Irving. We might make this light.

9 POLICE UNIT: Ten-four.

10 POLICE UNIT: 543.

11 DISPATCHER: Yes, sir.

12 POLICE UNIT: Gimme a 24 on Maple Springs.

13 DISPATCHER: Okay.

14 POLICE UNIT: All right, Haker, we're
15 through the light, so if we see you, we're gonna slow
16 down and let you in.

17 POLICE UNIT: Ten-four. We got it. We got
18 it.

19 POLICE UNIT: All right. Come on in.

20 POLICE UNIT: Do I do it before the bridge?

21 POLICE UNIT: Nah, with all this traffic,
22 I'd say wait until the other side of the bridge, till
23 we're off of the bridge. Maybe he'll pull off on a side
24 street, and we can try to stop him there.

25 POLICE UNIT: (Unintelligible) into

1 traffic.

2 DISPATCHER: All right. (Unintelligible)
3 seven. (Unintelligible) those things, over. Please.

4 POLICE UNIT: 5041. At this point,
5 (unintelligible) crossing the bridge going into West
6 Dallas.

7 DISPATCHER: Ten-four.

8 POLICE UNIT: 42. I'm about three blocks
9 behind you, but I'm in traffic the same way you were.

10 POLICE UNIT: Ten-four.

11 POLICE UNIT: 512 to the elements. We're
12 over here at Westmoreland and Canada on the other side of
13 the bridge.

14 POLICE UNIT: Uh, we're in the center lane.
15 We're slowing down. We're getting piled up in traffic as
16 you hit this Canada light.

17 Just FYI, that tag comes back to 3260
18 Vickers, number 103.

19 POLICE UNIT: All right. We're
20 (unintelligible) the parking lot, guys. We're coming up
21 on you.

22 POLICE UNIT: (Unintelligible) just say
23 when.

24 POLICE UNIT: Whenever you want to
25 (unintelligible).

1 POLICE UNIT: 3224. Looks like we're gonna
2 be doing a traffic stop right here at Westmoreland, about
3 the 4000 block.

4 DISPATCHER: Okay.

5 POLICE UNIT: I'll take that back. I don't
6 know if he's gonna stop or not. Attention 41, he looks
7 like he's probably gonna be running.

8 DISPATCHER: Okay. We're trying to get
9 ahold of Air One.

10 POLICE UNIT: All right. We're going
11 right. Uh, we got a couple a squads in chase. Let me
12 see. We're northbound Bernal.

13 DISPATCHER: Northbound Bernal.

14 (Unintelligible)

15 POLICE UNIT: 32 and 24, possible murder
16 suspect.

17 POLICE UNIT: Ten-four.

18 DISPATCHER: Bernal and where? We were --

19 POLICE UNIT: We're still westbound on
20 Bernal coming up to Norwich.

21 DISPATCHER: Northbound -- westbound Bernal
22 and Norwich.

23 POLICE UNIT: 5041. They've passed
24 Soloman. We're quite a ways behind them.

25 POLICE UNIT: We're passing Norwich, still

1 westbound.

2 DISPATCHER: Ten-four. (Unintelligible)
3 Bernal and Norwich.

4 POLICE UNIT: We're about at 65.

5 DISPATCHER: (Unintelligible)

6 POLICE UNIT: Wrecked out it looks like
7 right here at Westmoreland and Carl.

8 DISPATCHER: Westmoreland and Carl.

9 POLICE UNIT: We're doing a felony stop at
10 Mart -- Mart Street.

11 DISPATCHER: Ten-four.

12 553, are you guys okay over there?

13 0115, we need you at Westmoreland and Mart.

14 Possible officer down, channel 4 saying I had officers
15 behind a possible murder suspect pulling a felony stop at
16 that location. I can't raise the officers.

17 POLICE UNIT: At the Westmoreland, and
18 what's the other street?

19 DISPATCHER: Mart, M-a-r-t, close to
20 Canada.

21 POLICE UNIT: 3210. I'm in route out
22 there.

23 DISPATCHER: Ten-four.

24 POLICE UNIT: (Unintelligible) We have an
25 ambulance coming.

1 DISPATCHER: We got it.

2 POLICE UNIT: (Unintelligible) 24. We'll
3 head that way.

4 DISPATCHER: Ten-four.

5 520 --

6 POLICE UNIT: (Unintelligible)

7 DISPATCHER: 520.

8 POLICE UNIT: (Unintelligible) 524. We
9 have an officer shot.

10 DISPATCHER: Ten-four.

11 POLICE UNIT: 58. We're in route.

12 DISPATCHER: Ten-four.

13 POLICE UNIT: 3210. I'm in route.

14 DISPATCHER: Ten-four.

15 POLICE UNIT: 3214 is in route.

16 DISPATCHER: Ten-four. Let 'em know we've
17 got an ambulance coming, plenty of cover, and Air One.
18 They're on four.

19 POLICE UNIT: Police (unintelligible) cover
20 out here.

21 DISPATCHER: Ten-four.

22 POLICE UNIT: (Unintelligible) the address
23 at Bernal and Mart?

24 DISPATCHER: Bernal and Mart, Bernal and
25 Mart.

1 An open mike, guys.

2 POLICE UNIT: We're at 4100 Bernal.

3 DISPATCHER: 4100 Bernal.

4 POLICE UNIT: Yeah. They're down
5 (unintelligible)

6 DISPATCHER: So we have an ambulance, Air
7 One, and tons of cover.

8 POLICE UNIT: (Unintelligible) in route.

9 POLICE UNIT: 502.

10 DISPATCHER: 502.

11 POLICE UNIT: (Unintelligible) everybody
12 for an officer involved in -- notified at this point?

13 DISPATCHER: Working on it now. My
14 sergeants are doing it.

15 POLICE UNIT: 17 in route.

16 DISPATCHER: Ten-four.

17 POLICE UNIT: 64 in route.

18 DISPATCHER: Ten-four.

19 POLICE UNIT: 21 in route.

20 DISPATCHER: (Unintelligible)

21 POLICE UNIT: (Unintelligible) Get on out.

22 Let's go.

23 POLICE UNIT: (Unintelligible) 13, can we
24 get somebody to cut off traffic down at Norwich?

25 DISPATCHER: Gonna shut off Norwich.

1 POLICE UNIT: Yeah. That part is on
2 (unintelligible).

3 DISPATCHER: (Unintelligible)

4 POLICE UNIT: 23 in route.

5 POLICE UNIT: Air One's up.

6 DISPATCHER: Ten-four.

7 POLICE UNIT: Air One, can they get five
8 for what we're looking for out here?

9 DISPATCHER: At this point, it's an officer
10 down at 4100 Bernal.

11 531 to another supervisor out there.

12 Getting a --

13 POLICE UNIT: (Unintelligible) 510.

14 DISPATCHER: Okay, 510. At 4023 Bernal, I
15 have a message she called 911. A child and the mother
16 are in the floorboard.

17 POLICE UNIT: I'm going around to the
18 backyard right now.

19 POLICE UNIT: 541. We're evacuating the
20 residences at 4100 Mart.

21 DISPATCHER: Ten-four.

22 POLICE UNIT: 502.

23 DISPATCHER: 502.

24 POLICE UNIT: Yeah. Is the officers out
25 with the injured officer at the hospital yet?

1 POLICE UNIT: No. I'm just pulling up.

2 DISPATCHER: Last I checked, they were
3 pulling up there, and that was, like, five minutes ago.
4 I'll check on the AVL.

5 POLICE UNIT: They're all here.

6 DISPATCHER: They're there.

7 POLICE UNIT: 510.

8 DISPATCHER: 510.

9 POLICE UNIT: Yeah. A couple of the
10 elements that are evacuating residents from the rear of
11 the residences here, everybody just needs to hold what
12 they have, cover the target vehicle, and wait on tac.

13 DISPATCHER: (Unintelligible)

14 Just hold what you have, unless you're with
15 510, and wait for tac.

16 POLICE UNIT: 850 tac, we're, coming up
17 I-30 right now. We're about five off.

18 DISPATCHER: Ten-four. Five minute ETA,
19 510.

20 POLICE UNIT: 512. Did you get that
21 (unintelligible)?

22 DISPATCHER: Ten-four, sir.

23 POLICE UNIT: 502, make sure tac is
24 responding code 3, if they don't know.

25 DISPATCHER: 850, y'all are going code 3,

1 right?

2 POLICE UNIT: Ten-four.

3 DISPATCHER: Yes, sir, they are. 502.

4 POLICE UNIT: Yes, ma'am. There are at
5 least one group of officers that is clearing houses that
6 are on Bernal from the rear at this point. I need them
7 to continue to do that, and I need an update as to
8 whether they've got the house on the corner cleared, and
9 if there's more information related to somebody in that
10 vehicle at the front of the residence.

11 Secondly, I need to go ahead and make sure
12 that the elements on Bernal both east and west are backed
13 up far enough away that they cannot see the suspect
14 vehicle. We don't know if anybody's still in there. We
15 don't know if they have rounds still.

16 DISPATCHER: Ten-four.

17 POLICE UNIT: All the officers that are
18 just sitting --

19 POLICE UNIT: 45 in route.

20 POLICE UNIT: -- all need to move the crowd
21 and block that road further back to where they're out of
22 the line of fire.

23 DISPATCHER: Ten-four. Need the road
24 blocked and move the crowd back. Need the house on the
25 corner secured.

1 POLICE UNIT: 3238, we're securing the
2 house right now. We're talking to the people inside.

3 DISPATCHER: Ten-four.

4 POLICE UNIT: 344, we're on our way.

5 DISPATCHER: Leesburg and Bernal is where
6 everybody's kinda at now, just kind of held back a little
7 bit. Kilgore and Bernal will be fine, too.

8 POLICE UNIT: (Unintelligible) street where
9 Bernal curves around to the back, but we're gonna need it
10 about where the -- the park, I think, is back there.
11 We're gonna need that route, Bernal, shut down all the
12 way back there.

13 DISPATCHER: Is that on the Pringle side or
14 the Tram side?

15 POLICE UNIT: Not sure on that one at this
16 point.

17 DISPATCHER: Okay. I think it's the
18 Pringle side, and someone at Bernal and Pringle; also,
19 Bernal and Pluto. That way, we have both ends covered.

20 POLICE UNIT: 416. We got Pluto.

21 POLICE UNIT: On Mart on the driver's side.

22 POLICE UNIT: 4-- (unintelligible) at
23 Canada and Kilgore.

24 DISPATCHER: Ten-four.

25 POLICE UNIT: 3214.

1 DISPATCHER: 3214.

2 POLICE UNIT: The house on the southwest
3 corner of Bernal and Mart have been evacuated.

4 DISPATCHER: All right.

5 POLICE UNIT: 510 to 502. 510 to 502.
6 502 to Wester-- (unintelligible)

7 POLICE UNIT: Go ahead, sir.

8 POLICE UNIT: Is that house and all those
9 vehicles completely clear?

10 POLICE UNIT: House and vehicles are clear.

11 POLICE UNIT: Ten-four.

12 POLICE UNIT: 502.

13 DISPATCHER: 502.

14 POLICE UNIT: Yeah, I don't know who's on
15 the west side of this intersection here at Bernal and
16 Mart, but if they can clear along the west side of Mart
17 up through those -- the rest of those houses.

18 I know they said something about the
19 southwest corner house, but there may be some houses
20 behind it that may need to be cleared also.

21 DISPATCHER: Need to be sure all the houses
22 on the west, at Bernal and Mart, are clear.

23 POLICE UNIT: 502.

24 DISPATCHER: 502.

25 POLICE UNIT: Looks like the house that you

1 received a call on with the people in the car is
2 evacuated. So right now, it looks like we have a pretty
3 good interior perimeter.

4 DISPATCHER: Okay.

5 POLICE UNIT: (Unintelligible)

6 DISPATCHER: Leesburg and Bernal.

7 POLICE UNIT: 541 to 510. We have a
8 (unintelligible) in the church parking lot.

9 POLICE UNIT: (Unintelligible) zero.

10 POLICE UNIT: 502. You got people
11 gathering on the west side of Bernal there.

12 DISPATCHER: Need someone to get those
13 people on the west side of Bernal.

14 POLICE UNIT: We just cleared this street
15 on the west side of Mart.

16 POLICE UNIT: (Unintelligible) -- 22, I'll
17 get 'em.

18 POLICE UNIT: 502.

19 DISPATCHER: 502.

20 POLICE UNIT: The west side cleared over
21 there on Mart?

22 POLICE UNIT: Clear that street from the
23 west side from Mart.

24 DISPATCHER: Yeah, it's clear.

25 POLICE UNIT: Ten-four.

1 POLICE UNIT: 810.

2 DISPATCHER: 810.

3 POLICE UNIT: (Unintelligible) we are in
4 route. Who's the controlling supervisor out there,
5 please?

6 DISPATCHER: 502.

7 POLICE UNIT: Go ahead to 502.

8 POLICE UNIT: (Unintelligible) 502. We got
9 a (unintelligible) set or a phone number I can reach you
10 at, sir?

11 POLICE UNIT: Yeah, stand by to copy.

12 POLICE UNIT: Air One.

13 DISPATCHER: Air One, hang on just a
14 second.

15 Or go ahead. I'm sorry.

16 POLICE UNIT: Air One. Be advised we have
17 Sky Four is coming down, and they've got a much better
18 camera than we do, and they're gonna try to give us an
19 eye's up on what's going on if they can see anybody
20 inside the car. The vehicle's got really dark, like,
21 limo tint, so it's very hard to see inside.

22 POLICE UNIT: 502.

23 DISPATCHER: 502.

24 POLICE UNIT: Yeah, we know we have at
25 least one suspect inside the vehicle. They do not need

1 to do that to confirm it. We have one in the vehicle.

2 POLICE UNIT: Air One (unintelligible).

3 POLICE UNIT: 502 to 810.

4 POLICE UNIT: Yes, sir, go ahead.

5 POLICE UNIT: You ready to copy?

6 POLICE UNIT: Go ahead.

7 POLICE UNIT: 214-577-1659er.

8 POLICE UNIT: Ten-four. Calling you now.

9 POLICE UNIT: 335. I'm out with a rifle
10 and body armor. You need me anywhere?

11 DISPATCHER: He's (unintelligible) Bernal,
12 (unintelligible) everybody, but they're waiting on tac
13 out there.

14 POLICE UNIT: (Unintelligible)

15 POLICE UNIT: (Unintelligible)

16 POLICE UNIT: Look to your right. Over
17 here. Sergeant (unintelligible), look to your right.

18 POLICE UNIT: -- to send the ATC over and
19 evacuate you guys from that location when we get there.
20 We're about five minutes out.

21 POLICE UNIT: I'm sorry. Could you repeat
22 one more time?

23 POLICE UNIT: We're sending the ATC over
24 and they'll evacuate you guys from that position.

25 POLICE UNIT: (Unintelligible) 78. I'm

1 gonna be out on Bernal.

2 DISPATCHER: Ten-four.

3 POLICE UNIT: 510.

4 DISPATCHER: 510.

5 POLICE UNIT: 510 to 502. 510.

6 POLICE UNIT: (Unintelligible)

7 POLICE UNIT: 510 to 502. 510 to 502. I'm
8 sorry. You can go ahead and switch it over to channel
9 eight. We still have (unintelligible) on channel five.

10 POLICE UNIT: 502 to 510, 31. All channel
11 five elements that are at this scene that are still on
12 channel five, switch over to channel eight.

13 POLICE UNIT: Air One (unintelligible) to
14 eight.

15 DISPATCHER: (Unintelligible)

16 POLICE UNIT: 502.

17 DISPATCHER: 502.

18 POLICE UNIT: Yeah, could you, uh, have
19 Air One, uh, take a look around and see from their
20 position if there's anything we're missing as far as any
21 citizens in this area inside the perimeter?

22 Uh, I can only see what we can look at from
23 right here.

24 DISPATCHER: Okay. They switched over to
25 eight, so let me make sure they're not still on five.

1 Air One, are you still monitoring five?
2 502, they're already on eight.

3 POLICE UNIT: Ten-four. I'll try over
4 there also.

5 POLICE UNIT: 43.

6 DISPATCHER: 43.

7 POLICE UNIT: 410.

8 DISPATCHER: 410.

9 POLICE UNIT: Yeah, 502 wants to know if we
10 have everybody notified such as CAPERS, everybody else as
11 yet?

12 DISPATCHER: Yes, sir.

13 POLICE UNIT: 510.

14 DISPATCHER: 510. 510, go ahead.

15 POLICE UNIT: Yeah, I'm at the service
16 desk. Notify DBA for attorneys who are involved on this.

17 DISPATCHER: Ten-four.

18 POLICE UNIT: 2403.

19 DISPATCHER: 2403.

20 POLICE UNIT: Be advised of a 7X at, I
21 think, the 4000 block of Singleton. (unintelligible)
22 eighteen-wheeler and a vehicle.

23 DISPATCHER: Okay, sir. Why don't you take
24 it to another channel. We've got something major going
25 on over here.

1 POLICE UNIT: 702, code 2.

2 POLICE UNIT: 6631.

3 POLICE UNIT: 1071 on five.

4 POLICE UNIT: 1071.

5 POLICE UNIT: It's clear, so we're gonna be
6 helping out on your channel, and we're headed to your 30
7 on Singleton.

8 DISPATCHER: Sure appreciate it.

9 POLICE UNIT: (Unintelligible) on five.

10 DISPATCHER: I'm sorry. Who was that?

11 POLICE UNIT: 1077. We're coming on CVD to
12 help clear out some of these calls (unintelligible).

13 DISPATCHER: Ten-four, 1077. How about the
14 hang up on Burbank?

15 POLICE UNIT: In route.

16 POLICE UNIT: 127 on five.

17 DISPATCHER: 127.

18 POLICE UNIT: We're out taking calls on
19 channel five. Do you have one for us?

20 DISPATCHER: Yeah, just give me one second,
21 127. Let me find something for you to go on.

22 POLICE UNIT: 127, do you wanna handle that
23 7X for me on Singleton?

24 POLICE UNIT: 40 to 127, ten-four. Show us
25 in route.

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DISPATCHER: Proceed. Thank you.

POLICE UNIT: 510 to 520. 510 to 520.

DISPATCHER: He's on channel five, 510.

POLICE UNIT: 275.

DISPATCHER: 275.

POLICE UNIT: We got a 66 on Tamalo

(phonetic).

(End of tape 1, Side A.)

1 STATE OF TEXAS)

2 COUNTY OF DALLAS)

3

4 This is to certify, that I, Shelly L. Crossland, a
5 Certified Shorthand Reporter in and for the State of
6 Texas, transcribed the tape in the above captioned cause,
7 and that to the best of my ability the above and
8 foregoing 22 pages contain a full, true and correct
9 transcript of the said proceedings.

10 Certified to on this 3rd day of May, 2007.

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SHELLY L. CROSSLAND, Texas CSR 7986
Expiration Date: 12/31/08
KX & Associates
8500 N. Stemmons Freeway, Suite 3015
Dallas, Texas 75247
(214) 520 - 6868
Firm Registration No. 478

SHELLY CROSSLAND, CSR
KX & ASSOCIATES (214) 520-6868

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STATE'S EXHIBIT NO. 15

AUDIO CD

Belinda G. Baraka, Official Court Reporter
214-653-5803

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STATE'S EXHIBIT NO. 16
PHOTOGRAPH



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STATE'S EXHIBIT NO. 16-A
PHOTOGRAPH

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STATE'S EXHIBIT NO. 16-B
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STATE'S EXHIBIT NO. 17

PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803



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STATE'S EXHIBIT NO. 18

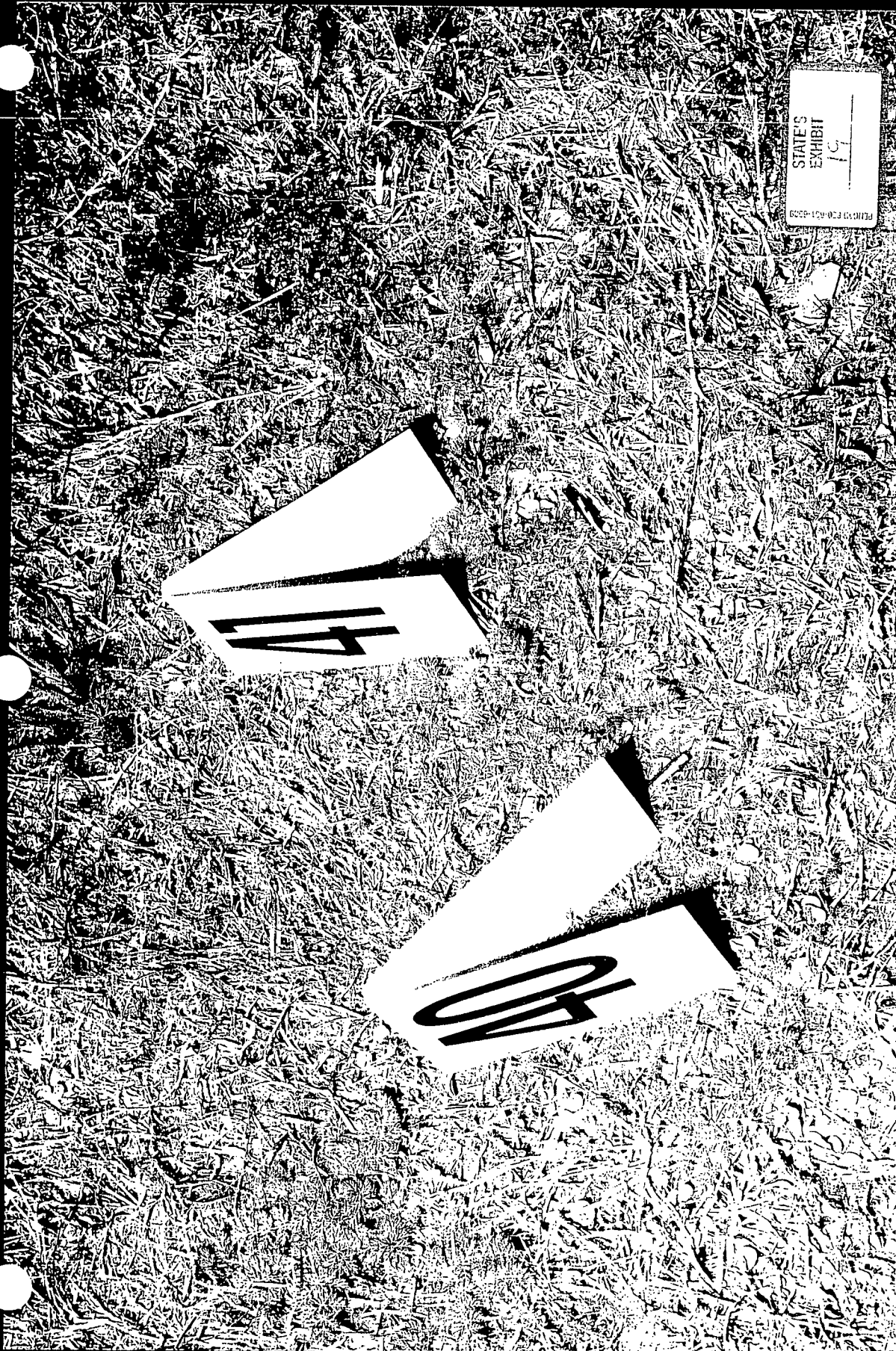
BULLET

(NONREPRODUCIBLE)

Belinda G. Baraka, Official Court Reporter
214-653-5803

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STATE'S EXHIBIT NO. 19
PHOTOGRAPH



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STATE'S EXHIBIT NO. 20
PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803

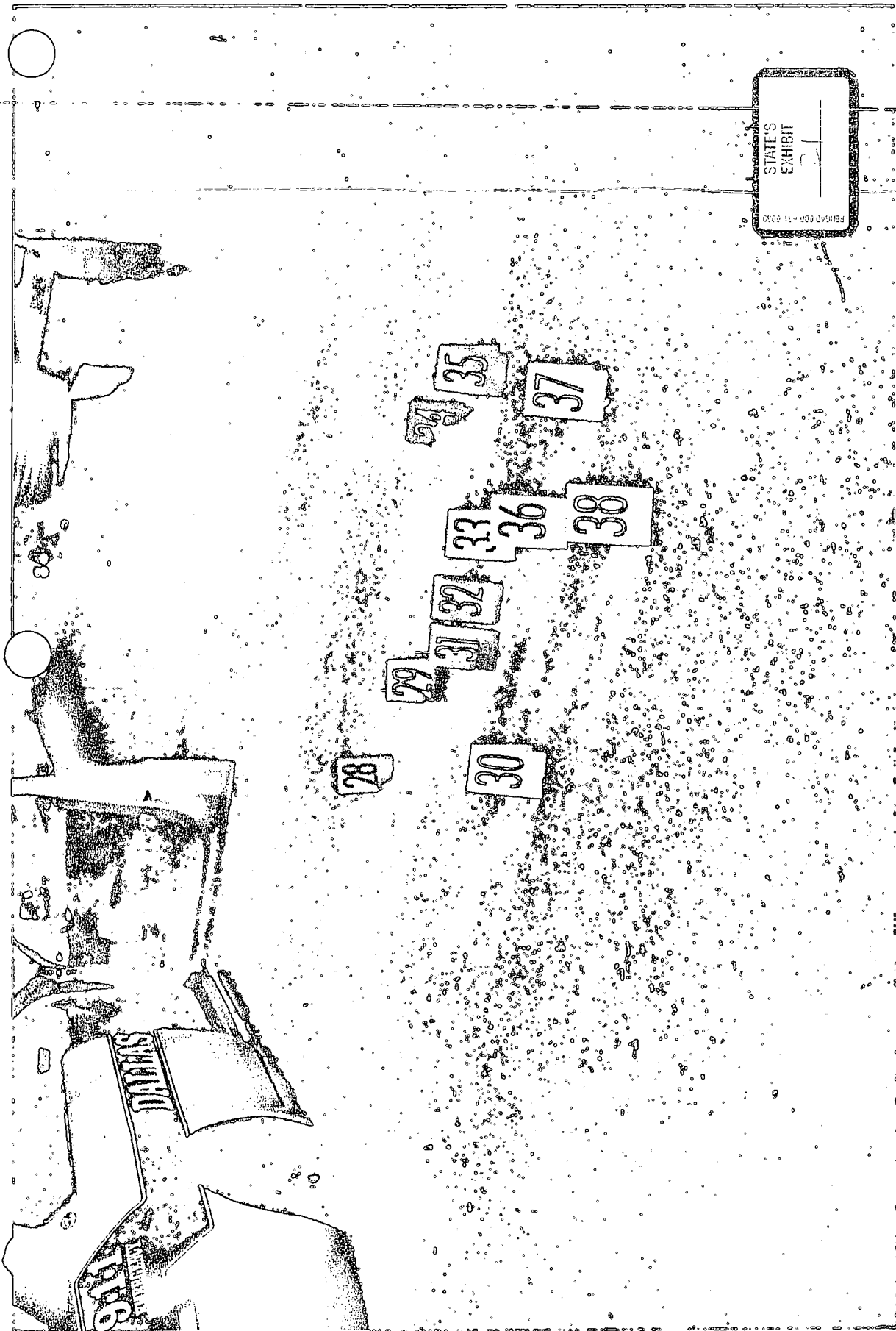


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STATE'S EXHIBIT NO. 21

PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803



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STATE'S EXHIBIT NO. 22
POSTER

Belinda G. Baraka, Official Court Reporter
214-653-5803

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STATE'S EXHIBIT NO. 26

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VIDEO

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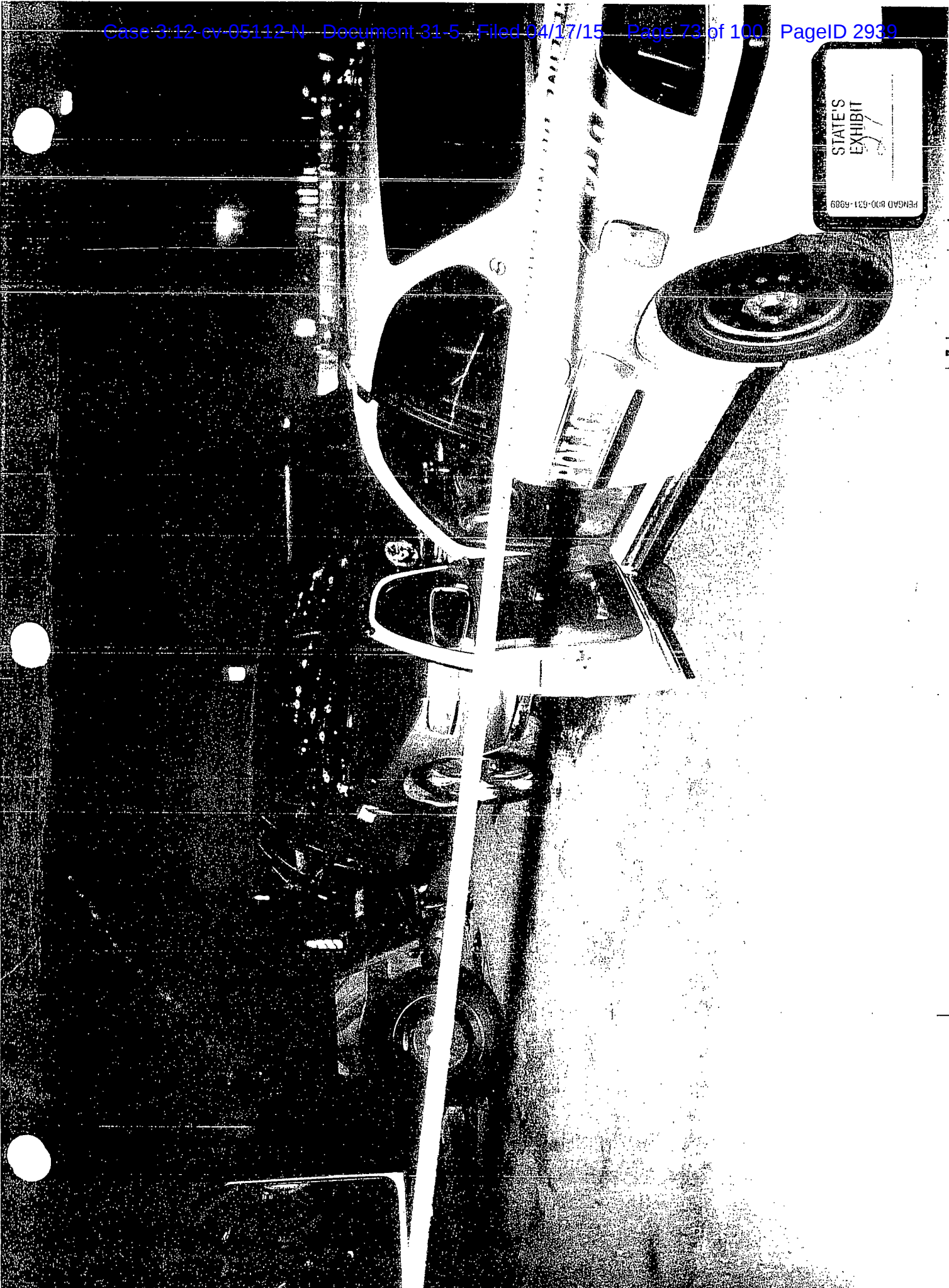
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Belinda G. Baraka, Official Court Reporter
214-653-5803

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STATE'S EXHIBIT NO. 27

PHOTOGRAPH



STATE'S
EXHIBIT
PENGAD R30-021-6089

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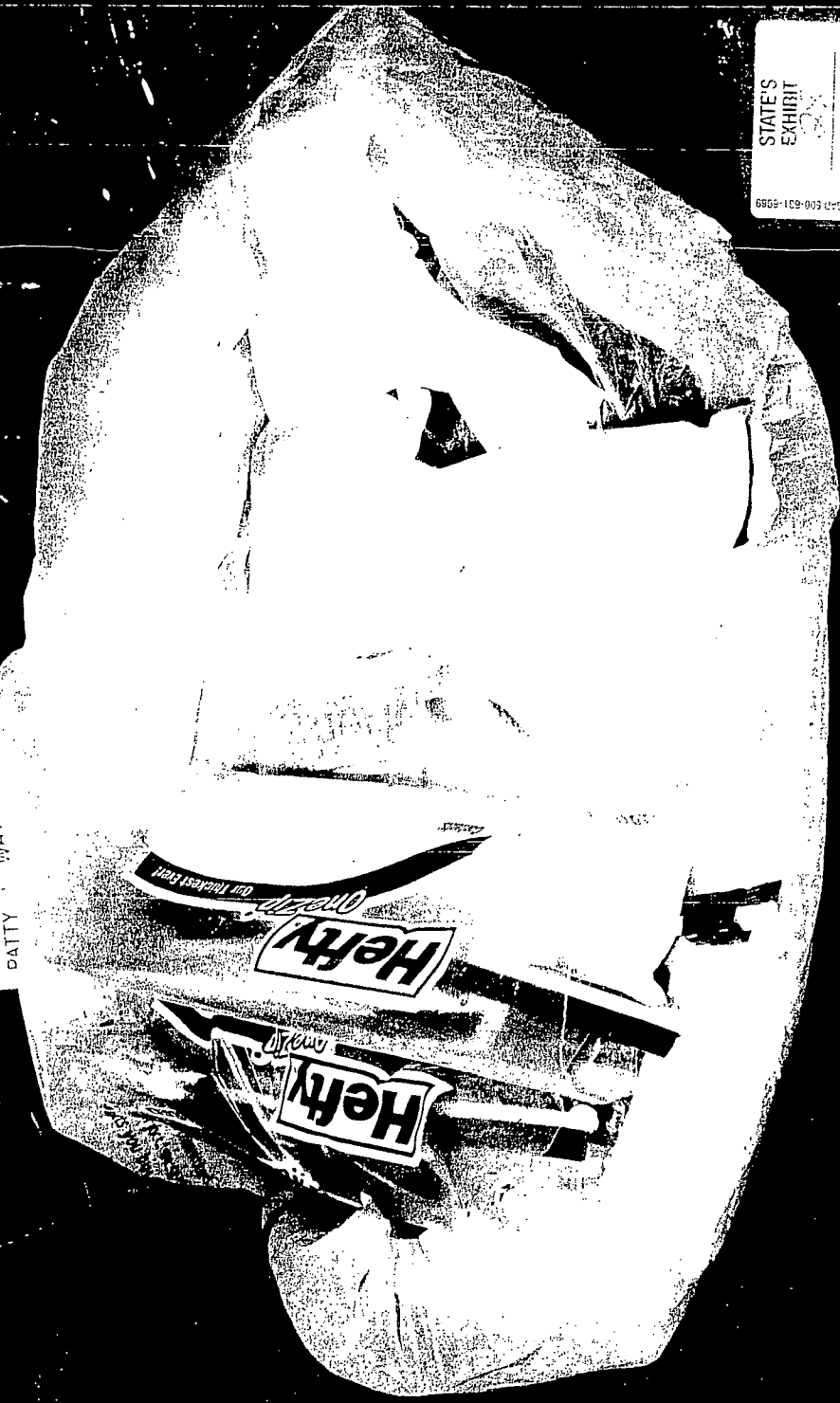
STATE'S EXHIBIT NO. 28
PHOTOGRAPH

Charlotte Russe

STYLE NO.	COLOR	SIZE
PATTY	WHT	

STATE'S EXHIBIT
FBI LABORATORY
6810-100-601-8089

Charlotte Russe



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STATE'S EXHIBIT NO. 28-A

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PHOTOGRAPH

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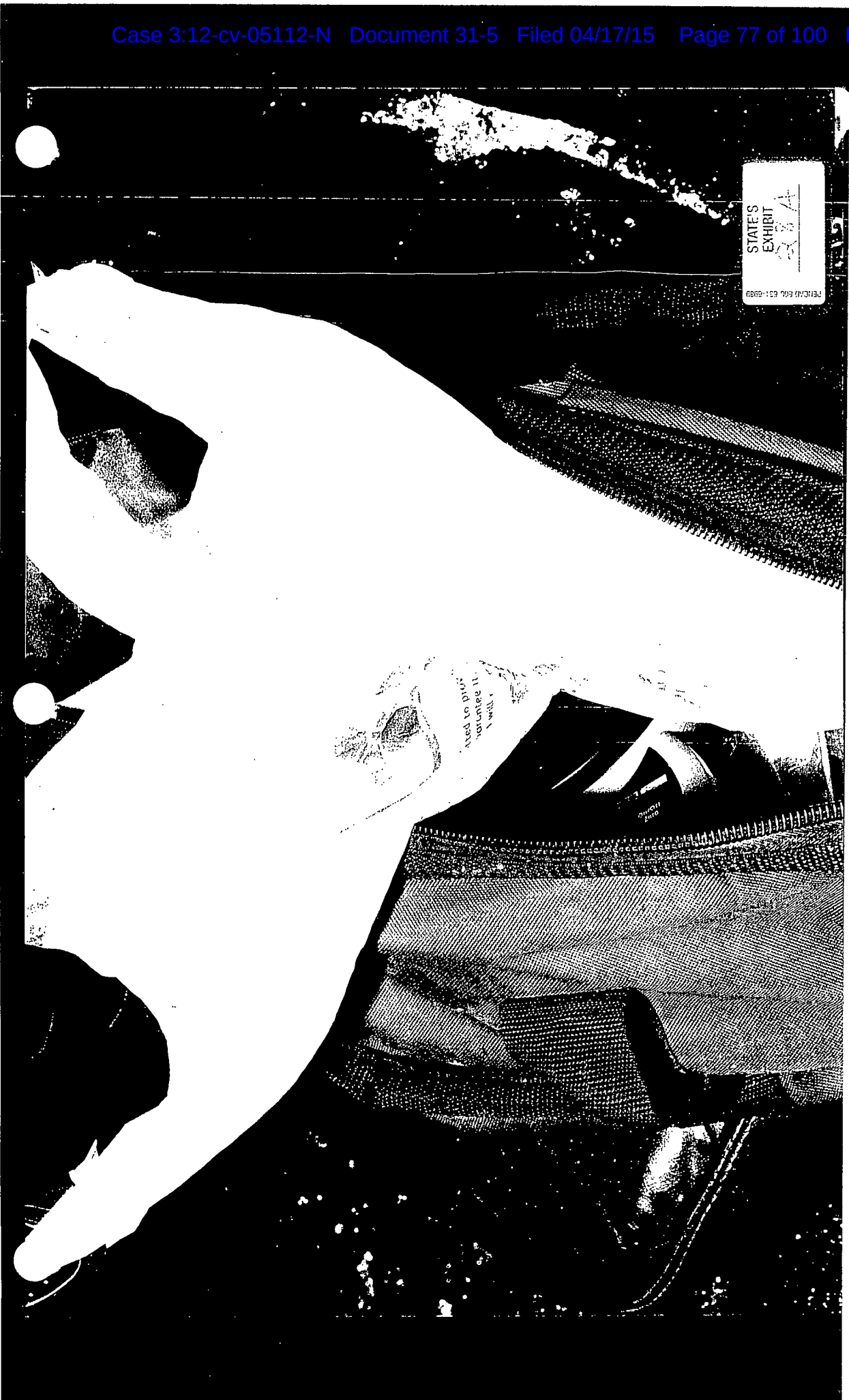
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Belinda G. Baraka, Official Court Reporter
214-653-5803



STATE'S
EXHIBIT
28A
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STATE'S EXHIBIT NO. 29

PHOTOGRAPH

Belinda G. Baraka, Official Court Reporter
214-653-5803

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STATE'S EXHIBIT NO. 32
MEDICAL RECORDS

Belinda G. Baraka, Official Court Reporter
214-653-5803

AFFIDAVIT AUTHENTICATING MEDICAL RECORDS

OF Sheila Bell

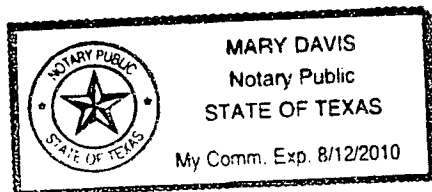
BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **SHEILA BELL**, WHO, BEING DULY SWORN, DEPOSED AS FOLLOWS:

MY NAME IS **SHEILA BELL**, I AM OF SOUND MIND, CAPABLE OF MAKING THIS AFFIDAVIT, AND PERSONALLY ACQUAINTED WITH THE FACT HEREIN STATED:

I AM THE CUSTODIAN OF THE RECORDS OF THE DALLAS COUNTY HOSPITAL DISTRICT. ATTACHED HERETO ARE 67 PAGES OF RECORDS FROM THE DALLAS COUNTY HOSPITAL DISTRICT. THESE SAID 67 PAGES OF RECORDS ARE KEPT BY THE DALLAS COUNTY HOSPITAL DISTRICT IN THE REGULAR COURSE OF BUSINESS, AND IT WAS THE KNOWLEDGE OF THE ACT, EVENT, CONDITION, OPINION, OR DIAGNOSIS, RECORDED TO MAKE THE RECORD OR TO TRANSMIT INFORMATION THEREOF TO BE INCLUDED IN SUCH RECORD, AND THE RECORD WAS MADE AT OR NEAR THE TIME OR REASONABLY SOON THEREAFTER. THE RECORDS ATTACHED HERETO ARE EXACT DUPLICATES OF THE ORIGINAL, AND IT IS A RULE OF THE DALLAS COUNTY HOSPITAL DISTRICT TO NOT PERMIT THE ORIGINALS TO LEAVE THE HOSPITAL. RECORDS CREATED BY OR OBTAINED FROM OTHER HEALTHCARE PROVIDERS OR ORGANIZATIONS ARE NOT INCLUDED.

Sheila Bell
SHEILA BELL

SWORN TO AND SUBSCRIBED BEFORE ME ON THE 10th DAY OF April, 2007.



Mary Davis
NOTARY PUBLIC IN AND FOR
DALLAS COUNTY, TEXAS

MY COMMISSION EXPIRES: 8-12-10



Case 3:12-cv-05112-N Document 31-5 Filed 04/17/15 Page 82 of 100 PageID 23467

MRN: 4131780 Adm: 8322469
LAHIDA, F
DOB: 01/01/1984 23 yrs WH/M
TWO N TRAUMA SURG ICU D
HAR: 602194488
CSN: 310183284

PLEASE DO NOT USE ABBREVIATIONS

SERVICE <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Trauma 3</div> <div style="border: 1px solid black; padding: 2px;"> ADMIT DATE <div style="display: flex; justify-content: space-between;"> 3 23 07 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> MO DAY YR </div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> DISCHARGE DATE <div style="display: flex; justify-content: space-between;"> 3 27 07 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> MO DAY YR </div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> LENGTH OF STAY <div style="text-align: center; font-size: large;">44</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> PATHOLOGY - SPECIMEN SENT <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> EXPIRED <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TIME: </div> <div style="border: 1px solid black; padding: 2px;"> AUTOPSY <input checked="" type="checkbox"/> NONE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> MEDICO-LEGAL (ME) </div>	CODE NO. <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> PRINCIPAL DIAGNOSIS: REASON FOR HOSPITALIZATION <div style="display: flex; justify-content: space-between;"> 5/p GSW - multiple (R) HTX </div> <div style="display: flex; justify-content: space-between;"> (R) open thumb fx (R) ulnar distal fx </div> <div style="display: flex; justify-content: space-between;"> (L) open ulna fx </div> </div> <div style="border: 1px solid black; padding: 2px;"> OTHER MORBID CONDITIONS AND/OR COMPLICATIONS <div style="text-align: center; font-size: large;">tachycardia</div> </div>	DIAGNOSES AND PROCEDURES <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> PROCEDURES <div style="display: flex; justify-content: space-between;"> 3/23/07 - 1) Ex lap </div> <div style="display: flex; justify-content: space-between;"> 2) (R) UE open Fracture </div> <div style="display: flex; justify-content: space-between;"> 3) (R) chest tubes </div> <div style="display: flex; justify-content: space-between;"> 4) Paralyzed window </div> <div style="display: flex; justify-content: space-between;"> 5) Exploration (R) knee wound </div> </div>
FOR USE BY MEDICAL RECORD DEPARTMENT ONLY		
Admit Time <u>1930</u> Admit to ER <u>3/23/07</u> Date <u>3/23/07</u> Time <u>1320</u> Attending Physician <u>17940</u> Discharge Status _____	Type of Admission _____ Trauma Log _____ Zip Code _____ Baby's Birth Weight _____ Looked For Sections _____	Surgery Date <u>3-23-07</u> Attending Surgeon <u>40630</u> Surgery Date <u>3-23-07</u> Attending Surgeon <u>40807</u> Surgery Date _____ Attending Surgeon _____
SERVICES CONSULTED:		
DISCHARGE THINNED <input type="checkbox"/> NO <input type="checkbox"/> YES ON DATE _____ INITIALS _____	<div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Strauss Roop </div> <div style="text-align: center; margin-top: 10px;"> 3/30/07 </div> </div>	A10

② when for → ortho → regional → NWR ② in E

pmh - φ

psu - tonsillectomy

DC SS# 5733386

DISCHARGE INSTRUCTIONS GIVEN? ☒ YES ☐ NO

1. CONDITION AT TIME OF DISCHARGE: *Stable*

D. MEDICATIONS/INSTRUCTIONS

2. INSTRUCTIONS TO PATIENT/FAMILY:

*Lorazepam 1/500 1-2 tabs PO Q4H PRN pain
Gabapentin 100mg PO BID
Cyclophosphamide 500mg PO daily x 7 days*

A. ACTIVITY *NWR BUE*

B. DIET *Regular*

C. FOLLOW-UP (APPT.)

*6th flr D 2nd flr
TASC 3/29/07*

POSITION: *Int*

DICTATED

☒ YES

☐ NO

DATE *7/27/07*

SIGNATURES:

INTERN

RESIDENT

ATTENDING STAFF



Patient Name		Sex	Birthdate	Age	Account Number	Medical Record Number
RUIZ, WESLEY LYNN		Male	11/20/1979	27	000310183284	004131790
Admit Date		Discharge Date		LOS	Disposition	
03/23/07 07:30 PM		03/27/07 08:08 PM		4	Home	
Primary Pay Source						
Self Pay						
Attending Physician			Phys Number	Discharge Hospital Service		Hospital Service Number
Thal, Erwin R.			17940			
MDC	MDC Text					
024	MULTIPLE SIGNIFICANT TRAUMA					
DRG	DRG Text					
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA					
CMS Weight	Average LOS	Geometric Mean LOS		Estimated Reimbursement		
7.9213		15.8000		25084.46		
Adm DX Admitting Diagnosis Text						
9599 Other/unspecified injury to unspecified site						
Prin DX Principal Diagnosis Text						
81332 Open fracture of shaft of ulna						
DX Code Secondary Diagnosis Text						
8603 Hemothorax with open wound into thorax						
2761 Hyposmolality and/or hyponatremia						
5990 Urinary tract infection, site not specified						
1511 Open fracture, base of thumb (first metacarpal)						
E970 Injury due to legal intervention by firearms						
E8495 Injury or poisoning occurring at/in street and highway						
V625 Legal circumstances						
7850 Tachycardia, unspecified						
8911 Open wound of knee, leg & ankle, complicated						
87359 Open wound of face with complication, multiple sites						
8841 Multiple & unspecified open wound of upper limb, complicated						
81353 Open fracture of distal end of ulna						
8793 Open wound of abdominal wall, anterior, complicated						
RX Code	Procedure Text	Date	Surgeon	Surg #		
7962	Debridement of open fracture of radius/ulna (ar	03/23/2007	Perry, Mark D.	40630		
7963	Debridement of open fracture of carpals/metacar	03/23/2007	Perry, Mark D.	40630		
3712	Pericardiectomy	03/23/2007	Shafi, Shahid	40807		
5411	Exploratory laparotomy	03/23/2007	Shafi, Shahid	40807		
9354	Application of splint	03/23/2007	Perry, Mark D.	40630		
9671	Continuous mechanical ventilation for less than	03/23/2007	Thal, Erwin R.	17940		
3409	Incision of pleura	03/23/2007	Shafi, Shahid	40807		
3409	Incision of pleura	03/23/2007	Shafi, Shahid	40807		
8842	Aortography	03/23/2007	Lopera, Jorge	41485		
8849	Arteriography of specified site	03/23/2007	Lopera, Jorge	41485		
9354	Application of splint	03/23/2007	Shafi, Shahid	40807		
9829	Removal (without incision) of foreign body from	03/23/2007	Shafi, Shahid	40807		

Coder	Reviewer	Export Status	Export Date
KAY	LUCIA	Ready to Export	

PARKLAND HEALTH & HOSPITAL SYSTEM
DALLAS, TEXAS

DISCHARGE SUMMARY

NAME: RUIZ, WESLEY LYNN

ADMISSION DATE: 03/23/2007

MRN: 004131790

DISCHARGE DATE: 03/27/2007

SERVICE: TRAUMA

PHYSICIAN: ERWIN R. THAL, MD

LENGTH OF STAY: Four days.

PATHOLOGY SPECIMEN SENT: No.

PATIENT EXPIRED: No.

AUTOPSY PERFORMED: None.

PRINCIPAL DIAGNOSIS/REASON FOR HOSPITALIZATION: Multiple gunshot wounds to (1) face, (2) abdomen, (3) right hemithorax, (4) left upper extremity, (5) right upper extremity, (6) right lower extremity.

OTHER MORBID CONDITIONS AND/OR COMPLICATIONS: Cocaine abuse.

PROCEDURES: On 03/23/2007 (1) exploratory laparotomy, (2) placement of bilateral chest tubes, (3) exploration of wound of right knee and removal of foreign body, (4) pericardial window, (5) I&D and splint of left first metacarpal fracture, (6) I&D and splint of right ulna open fracture.

SERVICES CONSULTED:

1. SICU.
2. Orthopedic Surgery.
3. Respiratory Care.
4. Nutrition.

SUMMARY OF HOSPITAL COURSE: The patient is a 23-year-old gentleman who sustained multiple gunshot wounds during an altercation with the police. The patient was noted to have gunshot wounds to his face, right hemithorax, abdomen, bilateral upper extremities, and right lower extremity. The patient arrived to Parkland Memorial Hospital at 1917 on 06/23/2007 at a level I trauma activation. The patient was taken emergently to the operating room. In the operating room bilateral 36-French chest tubes were placed. The patient was noted to have no significant drainage of blood from the tubes. Exploratory laparotomy was then performed. Despite the gunshot wounds to the abdomen, the patient was noted to have no intra-abdominal injury. A pericardial window was also performed and noted to be negative for

PARKLAND HEALTH & HOSPITAL SYSTEM
DALLAS, TEXAS

DISCHARGE SUMMARY

NAME: RUIZ, WESLEY LYNN

ADMISSION DATE: 03/23/2007

MRN: 004131790

DISCHARGE DATE: 03/27/2007

SERVICE: TRAUMA

PHYSICIAN: ERWIN R. THAL, MD

injury. Right knee wound was explored and foreign body was removed. Intraoperatively Orthopedic Surgery was consulted for I&D and washout of an open right ulnar fracture and open left first metacarpal and ulna fracture. Splints were then placed on these wounds. Following the procedure the patient was taken to the SICU intubated.

The patient was extubated without incident on postoperative day #1. The patient was then transferred to the floor.

The patient had an uneventful postoperative course on the floor. The Foley catheter was discontinued. The patient was able to void spontaneously. The patient began to pass flatus and then bowel movement and began to tolerate a regular diet. Left chest tube was discontinued on 03/25/2007. Right chest tube was discontinued on 03/26/2007. Following removal of the right chest tube, the patient was noted to have a small right pneumothorax. However, by 03/27/2007 repeat chest x-ray demonstrated that this pneumothorax had resolved. Also, on the morning of 03/27/2007 was noted to have a fever.

Also, the patient was noted to have some hyponatremia on the floor. However, on 03/27/2007 this had improved to 133 from 131.

As the patient was tolerating a regular diet, voiding, having bowel movements, and tolerating pain, the decision was made to discharge the patient to jail on 03/27/2007.

CONDITION AT TIME OF DISCHARGE: Stable.

DISCHARGE INSTRUCTIONS: Discharge instructions were given to the jail staff.

ACTIVITY: Nonweightbearing of bilateral upper extremities.

DIET: Regular.

PARKLAND HEALTH & HOSPITAL SYSTEM
DALLAS, TEXAS

DISCHARGE SUMMARY

NAME: RUIZ, WESLEY LYNN

ADMISSION DATE: 03/23/2007

MRN: 004131790

DISCHARGE DATE: 03/27/2007

SERVICE: TRAUMA

PHYSICIAN: ERWIN R. THAL, MD

FOLLOWUP:

1. The patient is to follow up in the TASC Clinic in two days on 03/29/2007.
2. Patient is also to follow up with Ortho-D in two weeks.

MEDICATIONS:

1. Ciprofloxacin 500 mg p.o. one tab daily for 7 days.
2. Lortab 5/500 one to two tabs p.o. q. 4 hours as needed for pain.
3. Colace 100 mg p.o. b.i.d.

WOUND CARE INSTRUCTIONS: Jail staff were instructed to remove bilateral upper extremity splints twice a day and to remove the gauze. All wounds are to be washed with soap and water. Wounds are then to be covered with dry gauze and splints are to be replaced. This process is to be repeated twice daily.

The above assessment and discharge plan were discussed with Dr. Thal on 03/27/2007, and he agreed with the assessment and plan.

ERWIN R. THAL, MD
STAFF PHYSICIAN

DICTATED BY: DANIEL JOSEPH HAYES, MD

DJH/MedQ

D: 03/27/2007 20:24:16

T: 03/28/2007 08:14:35

J: 573386 / 277994738

OPERATIVE REPORT

NAME: RUIZ, WESLEY LYNN

OPERATION DATE: 03/23/2007

MRN: 004131790

SERVICE: ORTHO

STAFF: MARK D. PERRY, MD

PREOPERATIVE DIAGNOSIS:

1. Left open ulna fracture.
2. Right open ulna fracture.
3. Left open first metacarpal fracture.

POSTOPERATIVE DIAGNOSIS:

1. Left open ulna fracture.
2. Right open ulna fracture.
3. Left open first metacarpal fracture.

OPERATION PERFORMED:

SURGEON: Eric Abraham Eisner, MD

ASSISTANT: Grace Elsa Wong, MD

OPERATIONS PERFORMED:

1. Irrigation and debridement of left first open metacarpal fracture and ulna fracture.
2. Irrigation and debridement of right open ulna fracture.
3. Closed reduction and splinting of left first metacarpal and ulna fracture.
4. Closed reduction and splinting of right ulna fracture.

ANESTHESIA: General endotracheal anesthesia.

COMPLICATIONS: None.

SPECIMENS: None.

FINDINGS: There were gunshot wounds which communicated with fractures in the left ulna and first metacarpal and right ulna.

POSTOPERATIVE PLAN:

1. Forty-eight hours of IV antibiotics.
2. The fractures will be managed nonoperatively.
3. The patient will follow up with the Ortho D Clinic in two weeks after discharge.

OPERATIVE REPORT

NAME: RUIZ, WESLEY LYNN

OPERATION DATE: 03/23/2007

MRN: 004131790

SERVICE: ORTHO

STAFF: MARK D. PERRY, MD

STATEMENT OF STAFF PRESENCE: Dr. Perry was present and scrubbed for all portions of the procedure.

STATEMENT OF MEDICAL NECESSITY: The patient is an approximately 30-year-old male who is status post a gunshot wound and who had a left open ulna fracture and first metacarpal fracture and a right open ulna fracture. These were nondisplaced, comminuted and did not require operative intervention other than irrigation, debridement and splinting.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room emergently by the general surgery trauma service for gunshot wounds to his thorax. After they had completed their procedures, including bilateral tube thoracostomies, the patient received a secondary evaluation at which point he was noted to have left ulna and first metacarpal fractures and a right ulna fracture which were in connection with bullets. After review of the x-rays, it was determined that these fractures were stable and did not require internal fixation or external fixation, and the fractures were thoroughly irrigated with Systek pulse lavage and bulb syringe. Once good hemostasis was obtained and the wounds were clean, the left ulna was placed in a sugar-tong splint, and the right ulna was placed in a sugar-tong splint as well.

The patient was then transferred off of the operating table onto the hospital bed in stable condition. He was left intubated. The wounds were closed loosely with a 3-0 nylon suture at the skin. The sponge, needle and instrument counts were correct.

MARK D. PERRY, MD
STAFF PHYSICIAN

Dictated BY: Eric Abraham Eisner, MD

EAE/MedQ

D: 03/28/2007 08:30:16

T: 03/28/2007 09:21:56

J: 574667 / 278023046

PARKLAND HEALTH & HOSPITAL SYSTEM

DALLAS, TEXAS

OPERATIVE REPORT

NAME: LAMBDA, F

OPERATION DATE: 03/23/2007

MRN: 004131790

SERVICE: TASC

STAFF: SHAHID SHAFI, MD

PREOPERATIVE DIAGNOSIS:

Gunshot wound to the chest, gunshot wound to the abdomen, gunshot wound to the bilateral upper extremities, gunshot wound to the right knee.

POSTOPERATIVE DIAGNOSIS:

Gunshot wound to the chest, gunshot wound to the abdomen, gunshot wound to the bilateral upper extremities, gunshot wound to the right knee.

OPERATION PERFORMED:

1. Bilateral tube thoracostomy.
2. Exploratory laparotomy.
3. Pericardial window.
4. Exploration of wound of right knee and removal of foreign body.

SURGEON: Richard Marston Gillespie, MD

ASSISTANT: Richard Christian Hershberger, MD

ANESTHESIA: General endotracheal anesthesia.

STATEMENT OF STAFF PRESENCE: Dr. Shafi was present and scrubbed for all critical parts of this case.

STATEMENT OF MEDICAL NECESSITY: The patient is an approximately 23-year-old white male who was shot multiple times by police after he had been suspected to have fired upon another officer. He had multiple gunshot wounds to the right upper thorax and right flank, all of which were small. He also had gunshot wounds to bilateral upper extremities, the right knee and some parts of the face. Given the multiple bullet wounds and the unknown ability to evaluate trajectory of all of his wounds, the decision was made to take the patient emergently to the operating room for bilateral tube thoracostomy and exploratory laparotomy. A two doctor consent was signed and placed in the chart.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed supine on the operating room table. After general endotracheal anesthesia had been administered, his body was prepped from his neck to his knees and his right upper extremity was prepped

OPERATIVE REPORT

NAME: LAMBDA, F

OPERATION DATE: 03/23/2007

MRN: 004131790

SERVICE: TASC

STAFF: SHAHID SHAFI, MD

circumferentially. Bilateral 36 French chest tubes were then placed in the approximately 5th intercostal space on both sides. These were sutured in place using 2-0 silk sutures. Exploratory laparotomy was then performed. This involved incising the midline of the abdomen from just inferior to the xiphoid to approximately 2 cm below the umbilicus. The incision was done using a scalpel. Once the peritoneum had been entered, the contents were examined. No large amount of blood was noted. Attention was then turned to the right side of the abdomen where the peritoneal cavity at the most lateral aspect of the white line of Toldt and to the lateral side of the liver and superiorly to the diaphragm was inspected. No perforations or injuries were identified. The bowel was inspected and no injuries were noted there either. Attention was then turned to the falciform ligament which was divided between clamps and tied with 2-0 silk suture. The falciform ligament was then dissected off the anterior portion of the liver up to the diaphragm. The diaphragm was grasped with two long Allis clamps and divided between them with Bovie electrocautery to open the pericardium. The pericardium was noted to have no blood or fluid coming out. This was left open. The fascia was then closed using 0 PDS suture in a continuous fashion. The skin was stapled closed. Attention was then turned to the right upper extremity which also had a gunshot wound. The brachial indices were performed and the right arm was noted to have a systolic pressure of approximately 84 and the left upper extremity with systolic pressure of 108. The decision was made that postoperatively the patient will be taken to angiogram. There was also noted that the patient had what was felt to be an open fracture of the left hand. Radiographs were taken of the left hand, left forearm, right forearm and right knee. It was also noted that the patient had bilateral ulnar fractures and a left humerus film was also shot which did not reveal any fracture to the upper arm. Orthopedic Surgery was consulted intraoperatively and they elected to wash out these fractures while the patient was still in the operating room. Finally a foreign object was noted at a gunshot wound in the proximity of the right knee. It was subcutaneous and when it was removed with forceps, it was noted to be a bullet fragment. This was passed off to the scrub nurse who placed it in the lock box. Orthopedics also injected the right knee and found that there was no open fracture. Postoperatively the patient will be taken to the Intensive Care Unit. An angiogram will be performed of the right upper extremity. The patient will also undergo a CT scan of the head and face.

OPERATIVE REPORT

NAME: LAMBDA, F

OPERATION DATE: 03/23/2007

MRN: 004131790

SERVICE: TASC

STAFF: SHAHID SHAFI, MD

ESTIMATED BLOOD LOSS: 30 cc.

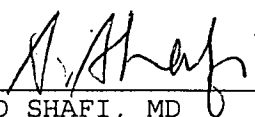
COMPLICATIONS: None.

SPECIMENS: Foreign body to scrub nurse circulator.

CONDITION: Critical but stable.

FINDINGS: The exploratory laparotomy was negative. No blood was found in either chest tube. The pericardial window was negative. Bullet fragment was removed from the right knee. The joint was injected by Orthopedic Service and was negative for open fracture.

COUNTS: All sponge, needle and instrument counts were correct at the end of the case.



SHAHID SHAFI, MD
STAFF PHYSICIAN

Dictated By: Richard Marston Gillespie, MD

RMG/MedQ

D: 03/23/2007 23:04:16

T: 03/24/2007 14:57:27

J: 555633 / 277608864

RADIOLOGY

☒ Chest ☒ Normal Findings☐ C-Spine ☐ Normal Findings☐ T-Spine ☐ Normal Findings☐ L/S-Spine ☐ Normal Findings☒ Pelvis ☐ Normal Findings☐ CT ABD ☐ Normal Findings☐ CT Head ☐ Normal Findings☐ Abd Sono ☐ Normal Findings

Other

PROCEDURES

INJURIES

GSW to RLE, RLE R
Chest & Flank, Face

PLAN OF CARE

OP

TRAUMA NOTE

Unknown → Sustained multiple gsw to Face / RLE / RLE / R axilla / chest & Flank 1° sh. GCS 12, tachycardic, systolic BP 89. Blood sugars = minutely. Pt taken to OR emergently.

Physician Signature / ID Number

Date

Time

Mr. [redacted] examined, discussed & resident, agree to
findings & plan as documented above.
[redacted] GCS 12, tachycardic, systolic BP 89. Blood
sugars = minutely. Pt taken to OR emergently.
[redacted] RLE / RLE R / R axilla / chest & Flank / Face
[redacted] GCS 12, tachycardic, systolic BP 89. Blood
sugars = minutely. Pt taken to OR emergently.
[redacted] GCS 12, tachycardic, systolic BP 89. Blood
sugars = minutely. Pt taken to OR emergently.

Attending Signature / ID Number

Date

Time

MR #

penetrating Wounds ☐ No ☐ Yes

☐ Yes ☒ No

☐ Tender ☒ Unable to evaluate

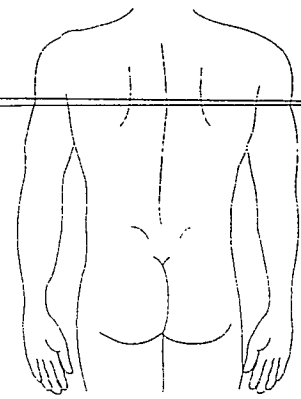
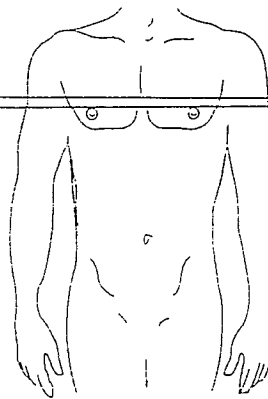
☐ Rigid ☐ Ascites

Location _____

Bowel Sounds ☐ Present ☐ Absent

☐ Hyperactive ☐ Hypoactive

Other _____



GENITAL ☐ Normal ☐ Blood Meatus LMP _____ UCG ☐ pos ☐ neg

Other _____

RECTAL ☒ Tone Normal ☐ Reduced Prostate ☐ Normal ☐ High Fecal Occult Blood ☐ pos ☐ Neg ☐

Gross _____

Other _____

PELVIS ☒ Stable ☐ Unstable Other _____

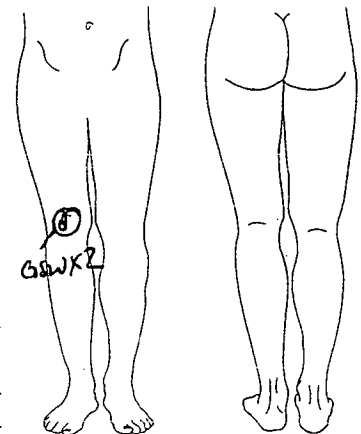
EXTREMITIES

RUE ☐ Normal ☐ Deformity ☐ Open ☐ Closed ☐ Lac _____

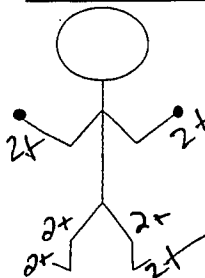
LUE ☐ Normal ☐ Deformity ☐ Open ☐ Closed ☐ Lac _____

RLE ☐ Normal ☐ Deformity ☐ Open ☐ Closed ☐ Lac _____

LLE ☐ Normal ☐ Deformity ☐ Open ☐ Closed ☐ Lac _____



NEUROVASCULAR



BACK ☐ Nontender ☐ Tender Deformity _____

DIAGNOSTIC WORKUP

Hgb 5.3/14.9

Hgb 1 hour _____

Dip UA _____

DPL ☐ Yes ☐ No

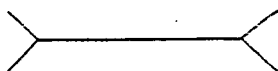
RBC _____

WBC _____

Amy _____

Bile _____

Tox Screen _____



PT _____

PTT _____

ETOH _____

Other _____

LABS

ABG: pH _____

PaO₂ _____

PaCO₂ _____

HCO₃ _____

Base _____

Sat _____

INITIAL VS

Trauma Score

PULSE 130 RESP 12 BP 92/GCS 12 Trauma Score 10

Respiratory Rate	Systolic BP	GCS
10-29	>89	13-15
>29	76-89	9-12
6-9	50-75	6-8
1-5	1-49	4-5
0	0	3

PRIMARY SURVEY

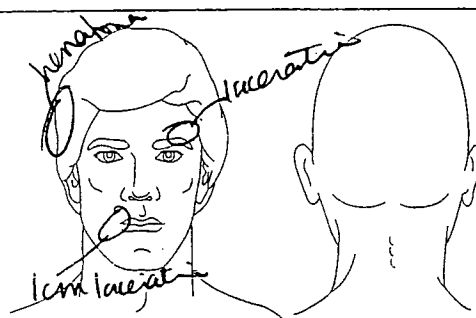
AIRWAY ☐ Adequate ☐ Requires Intubation Type _____BREATHING ☐ Spontaneous ☐ Bag Valve Mask ☐ Mechanical Ventilation ☐ Supplemental O₂ _____Breath Sounds Normal ☒ Right ☒ Left Decreased ☐ Right ☐ Left Chest Tube ☐ Yes ☐ No

Initial Output _____

CIRCULATION CPR ☐ Yes ☐ No IV Access Type _____NEURO Pupils R 4 mm L 2 mm Reactive R 4 L 2 = _____ GCS: Eye _____ Verbal _____ Motor _____DISABILITY Limbs noted to be moving ☐ RUE ☐ LUE ☐ RLE ☐ LLE _____

SECONDARY SURVEY

HEAD AND NECK



☐ Midface Stable ☐ Unstable _____

☐ TMs Normal ☐ Hemotympanum ☐ R ☐ L ☐ Unable to Evaluate C-Spine tenderness ☐ Yes ☐ No

☐ Carotids Normal ☐ Unequal ☐ Bruit ☐ R ☐ L Ecchymosis ☐ Yes ☐ No LOC ☐ Yes ☐ No

Other _____

CHEST Excursion ☐ Symmetrical ☐ Asymmetrical

Flail Segment ☐ No ☐ Yes

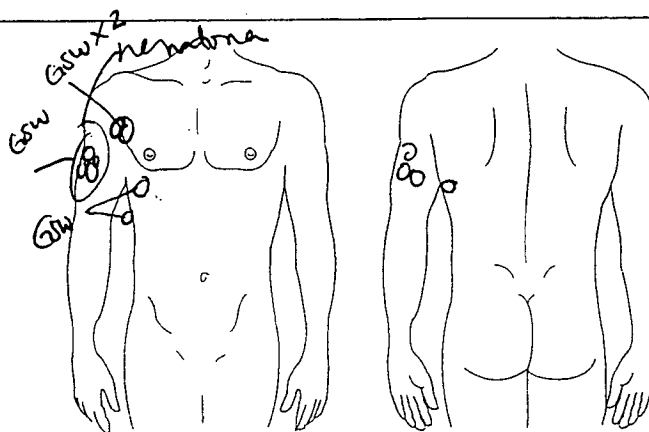
Open Chest Wound ☐ No ☐ Yes

Compression Tenderness ☐ AP ☐ Lateral ☐ R ☐ L

Sternal ☐ Crepitus ☐ Yes ☐ No

Auscultation _____

Other _____



Lambda, F
4131790

ORTHOPAEDIC ADMISSION / CONSULTATION

Date: 3/23/07 Ortho Service: F.

Chief Complaint: Pain

Age: _____ Date & Time of Injury: 3/23/07

Mechanism of Injury:

- ☐ Blunt ☐ Penetrating ☐ Blunt/Penetrating ☐ On the job injury
☐ Motor vehicle collision ☐ Motor/pedestrian collision ☐ Motorcycle collision
☐ Fall ☐ Assault ☐ Sport
☐ Bicycle ☐ Machine
☒ Gun shot wound multiple ☐ Stab Wound
☐ Other _____ Intentional: ☐ Yes ☐ No Domestic Violence: ☐ Yes ☐ No

Pre-Hospital / Transferring Hospital Information: multiple GSW by PPD.

Intraop consult.
 Past Medical History: Unknown

Past Surgical History: Unknown

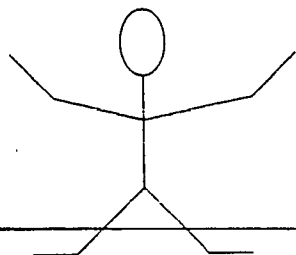
Medications: Unknown

Allergy: Unknown

Social: ☐ Tobacco ☐ Alcohol Use
☐ Substance Abuse ☐ IV Drug Abuse ☐ IDP

Physical Examination:

Head, Eyes, Ears, Nose, Throat: ☐ Normal Findings: RUE: palpable hematoma R arm
 Chest: ☐ Normal Findings: @BSW site
 Abdomen: ☐ Normal Findings: open wounds along ulnar border
 Genitourinary: ☐ Normal Findings: and dorsum of forearm
 Pelvis: ☐ Normal Findings: i penetration to fx
 Back: ☐ Normal Findings: RLE: Ant knee wound & bony
 Extremities: ☐ Normal Findings: fragments seen & instability
LUE: open wound over 1st
metacarpal i fx
UE: & injuries



palp rad pulse RUE.
noted to be moving extremities
on arrival to ER

Radiographs: L 1st MC comminuted fx, L ulnar styloid /
head fx R ulnar distal 1/3 fx

Scan: _____

Labs: Urine Pregnancy Test: ☐ Positive ☐ Negative ☐ N/A _____

DIAGNOSIS:

1. Open L 1st MC fx
2. Open R ulna fx
3. _____
4. _____

PLAN OF CARE:

1. 1st MC, splint in OR
2. 48° IV Axx: nwb BUE
3. Flu Out to D 2 wks p d/c

Consent signed: Yes No - Unable to consent patient.

Time Out: Correct patient, procedure, site verified by participating staff. Yes No

Procedure:

- ☐ Fracture Reduction
☐ Incision and drainage
☐ Suture repair

PROCEDURE DESCRIPTION	TIME:

☐ Skeletal Traction: **Femur:** Right Left **Tibia:** Right Left
 Traction weight 15 20 25 30 35 pounds

☐ Other procedure: _____
☐ Sedation given: Yes No Morphine sulfate ____ mg Intravascularly (IV) or Intramuscularly (IM)
 Versed ____ milligram (mg) IV or IM

☐ Local anesthesia 1% 2% Lidocaine ____ cubic centimeter (cc) given for local block
 Bupivacaine ____ cc give for local block
 Other: _____ mg/cc give for _____

☐ Fluoroscopy: Yes No Fluoroscopy Time ☐ less than < 1 minute ☐ less than < 5 minutes

☐ Splint/Cast: _____

Complications: _____

Post-procedure assessment: Neurovascular Exam: _____

Time: _____ Pain Assessment: 1 2 3 4 5 6 7 8 9 10

Admit:

- ☐ Operative Intervention ☐ Observation
☐ Physical therapy/Occupational therapy ☐ Pain management
☐ Wound Management/soft tissue management ☐ Other: _____

Discharge from ESD with follow-up:

- ☒ Orthopedic clinic: A B C D E F Spine
☐ Other: _____

When: 2 wks p d/c.
 When: _____

3/24/15
 Date

Turner
 Print Name

Turner
 Signature

S2765
 ID#

Date

Attending Physician Printed Name

Attending Physician Signature

ID#

Consult Time: _____ Patient evaluation time: _____

EMERGENCY DEPARTMENT
CLINICIAN RECORD
TRAUMA

MRN: 4131790 DOB: _____
LAMBDA, F Adm: _____
UN / U Age: _____
HAR: 602194488 Dep: _____
CSN: 310183284 Pin: _____

Circle = Finding Present \ = None; Not Present

Date: 3/23/01 Time: 1940 Room: 29 EMS Arrival
Historian: ☐ Patient ☒ Paramedic ☐ Other: _____
Reviewed: ☐ Nursing Assessment ☐ EMS Record ☐ Tetanus UTD

HPI (4+)

Limited by: Altered Mental Status EtOH/Drugs Dementia Language
Chief Complaint: Fall MVC MCC MPC Assault

OCCURRED

WHERE

Just PTA
Today at: _____
Yesterday at: _____
_____ days PTA

Home School
Work Neighbor
Park Street

CONTEXT: Pl c multiple GSW to face

LOCATION OF PAIN / INJURIES

RIGHT

LEFT

Head	Face	Mouth	Shldr	Hip	Shldr	Hip
Neck	Chest	Abdomen	Arm	Thigh	Arm	Thigh
Back	Pelvis		Elbow	Knee	Elbow	Knee
			F-Arm	Leg	F-Arm	Leg
			Wrist	Ankle	Wrist	Ankle
			Hand	Foot	Hand	Foot

SEVERITY OF PAIN

ASSOCIATED SYMPTOMS

Mild Moderate Severe
Pain Scale: _____ / 10
GCS: 13 / 15
RTS: _____ / 12

Loss of Consciousness/Dazed
Duration: _____
Remembers: Impact
Arrival at Hospital
Seizure
Nausea/Vomiting

LAST PO INTAKE

EMS INTERVENTIONS

C-Collar Back Board
Splint O₂

PMESHx (2+)

PAST MEDICAL/SURGICAL HISTORY Denies
Medical: CVA MI Angina CHF A-Fib HTN
COPD Asthma Diabetes Hypothyroid HIV CA
Thyroid Disease Immunocompromised

G P P a i LMP: _____ Character: _____
Surgical: Appy Cholecystectomy TAH/BSO Laparotomy CABG

Medications/Supplements: Denies See Medication Reconciliation List

Allergies: NKDA

SOCIAL HISTORY: Smokes EtOH Drug Use IVDA

Living Situation/Job: _____

FAMILY HISTORY: Denies
DM CAD HTN

ROS (10+)

Constitutional: Denies Recent Illness Fever _____ ° F / C Chills
Eyes: Denies FB Sensation Blurry Vision Loss of Vision
ENT: Denies Epistaxis Dental Injury Loss of Hearing
CV: Denies Chest Pain Palpitations
Resp: Denies SOB Hemoptysis
GI: Denies Abd Pain Nausea Vomiting BRBPR
GU: Denies Hematuria Incontinence
Musculo: Denies Arthralgias Myalgias
Skin: Denies Laceration Abrasion Contusion
Neuro: Denies Weakness Numbness Headache
Psych: Denies Hallucinations Suicidal Thoughts Depression
All/Imm: Denies Immunocompromised
Endocrine: Denies Weight Change Excessive Thirst Excessive Urination
Heme/Onc: Denies Anemia Abnormal Bleeding Masses

Not answering questions

PHYSICAL EXAM (8+)

Limited by: _____
Vitals: HR 90 BP 80/ RR 14 Temp _____ Wt. _____ kg
O₂ Sat _____ % on RA / _____ L NML / ABN

General: No Acute Distress Distress Mild / Mod / Severe
Well Appearing Ill appearing Cachectic

Eyes: PERRI Pupils Unequal L → R →
EOMI Deficit: _____

ENT: AMS Clear TM L / R Dull / Erythema / Effusion / Rupt
Nasal Mucosa Nml Septal Hematoma / Palpable Defect
Pharynx Nml Laceration / Abrasion / Puncture: _____

Head: Normal Cephalic/Atraumatic Injury
Neck: Nontender Tenderness Midline / Lateral: _____
Painless ROM Stiffness
Trachea Midline Deviated R / L

Resp: No Resp Distress Respiratory Distress / Accessory Muscles
Breath Sounds Nml Decreased Coarse R / L
Chest Wall Nml Tenderness Crepitus Deformity

CV: RRR Tachycardia / Bradycardia / Irregular
Nml Heart Sounds Murmur Distant
No JVD JVD _____ cm
Pulses nl Abn: _____

Abdomen: Soft Firm / Rigid
Nontender Tender / Rebound / Guarding
Nondistended Distended

Rectal: Heme Neg Heme Positive
Prostate Nml High Riding Ballotable

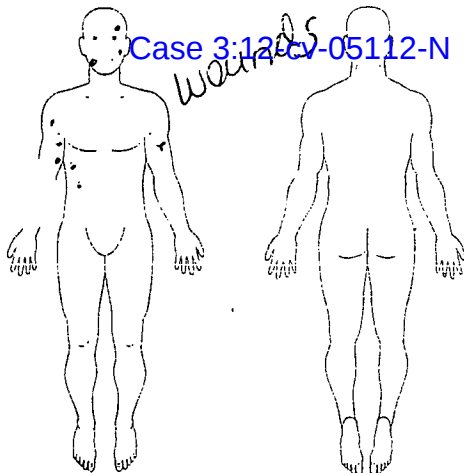
GU: Nml Exam Abn: _____

Musculo/Back: Nml Exam Deformity
No CVAT CVA tenderness R / L
Nontender Tenderness / Spasm
Full ROM ROM Limited by: _____
No Edema Edema
Pelvis Stable Unstable

Skin: Nml Color Cyanosis
Warm and Dry Cool / Pale / Moist

Neuro: A&O x _____ Abn: Responds to verbal
Motor Nml Deficit: _____
Sensation Nml Deficit: _____
CN 2-12 Intact Deficit: Doesn't follow
Reflexes Nml Deficit: _____
Cerebellar Nml Abn: _____
Ambulatory Abn Gait: Commands

Psych: Mood Nml Manic / Depressed
Affect Nml Flat / Labile



A = Abrasion
L = Laceration
T = Tenderness
D = Deformity
C = Contusion

C-SPINE CLEARANCE:

No Midline Tenderness No Neuro Deficit A&O Not Intoxicated
No Painful Distracting Injury

OTHER IMAGING:

XR: _____

CT: _____

US: _____

C: _____

LABS

CBC	CHEM	CHEM	OTHER	URINE
Nml Except	Nml Except	Nml Except	Nml Except	Nml Except
WBC	Na	Amy	PT	WBC
Hgb	K	Lip	INR	RBC
Hct	Cl	AST	PTT	Bacteria
Plts	HCO3	ALT	CK	Preg +/-
Segs	BUN	Alk Phos	CKMB	Nitrites
Bands	Cr	T-Bili	Trop I	LE
Lymphs	Gluc		BNP	
Monos				

EKG: ☐ Interp. by Faculty Time: _____

Rate: _____ Rhythm: _____ Axis: _____ Interval: _____

Morphology: _____

Not / Changed From: _____

CXR: Interp. By: ☐ EM Faculty ☐ Rad. Resident ☐ Rad. Faculty ☐ Other

Nml No Infiltrates Nml Heart Size Nml Mediastinum

Not / Changed From: _____

OTHER IMAGING:

MRN: 4131790

LAMBDA,F

UN / U

HAR: 602194488

CSN: 310183284

DOB: _____

Adm: _____

Age: _____

Dep: _____

Pln: _____

CONSULTANTS

Trauma Activation Level: 1 Time: 1930
☒ Per trauma activation protocol, this patient's care was turned over to the trauma service after the initial stabilization.

Contacted and D/W _____ at _____

Contacted and D/W _____ at _____

ED COURSE

CLINICAL IMPRESSION / DIAGNOSIS

Multiple gun shot wounds
hypotension

Dispo: Disch. Admit Transfer Deceased

UTL/AMA Time: _____

Condition: Stable Unstable Unchanged Improved

Discharge: Discharged / Follow-Up / Return Instructions Given

Resident Signature: Bruegman ID: 52709

Resident Printed Name: _____

ATTENDING

☒ See EMSTAT for Documentation

☐ I have seen and examined this patient.

☐ I have reviewed the resident's note.

☐ I have personally reviewed the EKG and agree with the resident's interpretation.

☐ I have personally reviewed the x-rays and agree with the resident's interpretation.

☐ See procedure note Critical Care Min: _____

History: _____

Exam: _____

Assessment: _____

Plan: _____

Attending Signature: [Signature] ID: 40997

Attending Printed Name: Tschler

Date: _____ Time: _____